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**** CONTINUING DATA *******
 This application is a CON of 09/250,675 02/16/1999 ABN
 which is a CON of 08/372,620 01/13/1995 PAT 5,873,072
 which is a CON of 07/736,071 07/25/1991 PAT 5,383,113

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/09/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: Initials:	STATE OR COUNTRY GA	SHEETS DRAWING 7	TOTAL CLAIMS 25 18	INDEPENDENT CLAIMS 10 8
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ADDRESS
29052

TITLE

BILL PAYMENT SYSTEM AND METHOD UTILIZING BANK ROUTING NUMBERS

FILING FEE RECEIVED 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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